

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25249

State File No. ....

FILED AUG 30 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>57 years</u>		e. STREET ADDRESS (If rural, give location) <u>315 West Ohio St 007/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 West Ohio St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u> b. (Middle) _____ c. (Last) <u>Andrews</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 15 1881</u>			9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months _____ Days _____
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>real-estate</u>		11b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Andrews</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-38-7159</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A Daisy Andrews-Butler Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Heart disease with coronary arteriosclerosis</u> DUE TO (c) <u>Auricular Fibrillation</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Chronic cystitis</u> <u>Hypertension.</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/33/</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 1, 1955 to Aug 24, 1955, that I last saw the deceased alive on Aug 23, 1955 and that death occurred at 4 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Hunsel M.D.</u>		23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>8-25-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Butler Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Aug 25 55</u>		REGISTRAR'S SIGNATURE <u>Kendall Kersey 170</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver (underwood) - Butler Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

OCT 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John G. Anderson*.....  
Licensed Embalmer No. 3585.....  
P. O. Address Butler M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.